

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000012807

1. Entity Name

PELFER EXTERMINATORS, CORP.



Principal Place of Business

3391 SW 129 AVENUE
MIAMI FL 33175

Mailing Address

3391 SW 129 AVENUE
MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0639418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONGO, ANGELIO
3391 SW 129 AVE
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Agnelio Alonso

AGNELIO ALONSO

1-23-08

Signature (Typed or printed name of not certified agent and date of application)

(NOTE: Registered Agent Signature Required when Changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALONSO, ANGELIO
STREET ADDRESS 3391 SW 129 AVENUE
CITY-STATE-ZIP MIAMI FL 33175 ☐ Delete

TITLE V
NAME ROMERO, RUBEN
STREET ADDRESS 932 NW 5TH ST
CITY-STATE-ZIP MIAMI FL 32128 ☐ Delete

TITLE V
NAME ROMERO, ANGEL L
STREET ADDRESS 15220 DURNFOR DR
CITY-STATE-ZIP MIAMI LAKES FL 33104 ☐ Delete

TITLE V
NAME PEREZ, ANDRES A
STREET ADDRESS 5875 W 20TH AVE APT 209
CITY-STATE-ZIP HIALEAH FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U000000801819
02/01/08-80034-018 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Agnelio Alonso* AGNELIO ALONSO

1-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone